

## APPLICATION for a BROKERS's LICENSE

On or after December 31, 1993, a person shall not operate as a broker without a valid license issued by the Nebraska Department of Agriculture.

\*\*\*\*\*FOLLOW INSTRUCTIONS ON REVERSE SIDE \*\*\*\*\*

Return this form, along with the license fee of \$100, prior to December 31 for the following calendar year to the Bureau of Plant Industry at the above address.

**Applications returned with missing information will not be accepted and will be returned to the applicant.**

<b>1.</b> Business/broker/applicant name:	Address (location of operation):
City/state/zip:	Phone number
<b>2a.</b> Partner or corporate officer name: (Last, first, MI, title)	<b>2b.</b> Partner or corporate officer name: (Last, first, MI, title)
Street/P.O. Box:	Street/P.O. Box:
City/state/zip:	City/state/zip:
<b>2c.</b> Partner or corporate officer name: (Last, first, MI, title)	<b>2d.</b> Partner or corporate officer name: (Last, first, MI, title)
Street/P.O. Box:	Street/P.O. Box:
City/state/zip:	City/state/zip:
<b>3.</b> If the applicant is a corporation, under the law of which state has it been formed?	
<b>4.</b> Person authorized to receive notices and order from the Nebraska Department of Agriculture (last, first, MI, title)	
Address (street, P.O. Box, city, state, zip)	
<b>5.</b> Type of ownership: (Check all that apply) <input type="checkbox"/> Sole proprietorship (individual); please include social security number of the individual: _____ <input type="checkbox"/> Partnership (general, limited, and joint venture). Identify each partner in section 2 above. <input type="checkbox"/> Limited liability company. <input type="checkbox"/> Corporation ("C" corporation, "S" corporation, nonprofit, domestic, and foreign corporations). Identify each corporate officer in section 2 above. <input type="checkbox"/> Cooperative. <input type="checkbox"/> Other legal entity (explain): _____	

Under penalties of perjury, I declare that I have examined this application and, to the best of my knowledge and belief, it is correct and complete. I will comply with all of the provisions of the Nebraska Plant Protection and Plant Pest Act and the rules and regulations adopted under such act.

First name

Last name

Sign  \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

## SOURCES OF NURSERY STOCK

Please list all sources of nursery stock that you are utilizing.

[illegible]

**FOR OFFICE USE ONLY**

BUSINESS ID \_\_\_\_\_  
OPER-CODE \_\_\_\_\_  
YEAR-LIC \_\_\_\_\_

CORPHEADNO \_\_\_\_\_  
BILLMAILSW \_\_\_\_\_  
CORRMAILSW \_\_\_\_\_

APPLICRECD \_\_\_\_\_  
NUR-BOOK \_\_\_\_\_